Initial Application Date:	7	1	11	11	8
Initial Application Date:	1	1	4		

	1850044400	
Application #	100011100	
DRB#	CU#	

COMMERCIAL
COUNTY OF HARNETT LAND USE APPLICATION Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: Camphell University Mailing Address: 143 Main St.
City: Bries Creek State: MC zip: 27506 Contact # 910-893-1610 Email: Johnson & amphilled
APPLICANT*: SEC, LVC Mailing Address: No But 4000
City: Bries Creek State: NC Zip: 27506 Contact # 910-893-8496 Email: breft 5@ 5i-nc.com
CONTACT NAME APPLYING IN OFFICE: Brett Strickland Phone # 919-805-0664
PROPERTY LOCATION: Subdivision: Lot Size: Color-514
State Road # 190 State Road Name: Wade Stewart Circle Map Book&Page: / Parcel: 1000000000000000000000000000000000000
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy. SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
PROPOSED USE:
Multi-Family Dwelling No. Units: No. Bedrooms/Unit:
Business Sq. Ft. Retail Space: # Employees: # Employees: Hours of Operation:
Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation:
Industry Sq. Ft: Type: # Employees: Hours of Operation:
Church Seating Capacity: # Bathrooms: Kitchen: Accessory/Addition/Other (Size 16 x 16) Use: 1 Ch 10 Addition
Water Supply: County Existing Well New Well (# of dwellings using well) *MUST have operable water before final Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer Comments:

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

Date

This application expires 6 months from the initial date if permits have not been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit Date: 7-9-18 Owner's Name: Camhell Bries Creck Phone: 910-893-1610 Stenant Circle Directions to job site from Lillington: Toothall Field House Lot: Subdivision: Description of Proposed Work: 16' × 16' Storage addition Unheated SF General Contractor Information: Building Cost \$ 20,000.00 Building Contractor's Company Name Bries Creek, NC 27506 bretts @ si-nc. con 4200 62649 Signature of Owner/Contractor/Officer(s) of Corporation License # Electrical Contractor Information: Electrical Cost \$ 5,000.00 Service Size: ____ Amps #T-Poles Description of Work Triple-R Electric, =
Electrical Contractor's Company Name 252-523-3558 Telephone kinston NC 28501 whrover tripler. com **Email Address** Address 13241-0 Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical Contractor Information: Mechanical Cost \$ 5,000.00 Description of Work # Units 919-658-5054 Jackson + Sons Mechanical Contractor's Company Name Telephone 2330 Address 10557 Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information: Plumbing Cost \$ Description of Work # Baths Plumbing Contractor's Company Name Telephone Email Address Address Signature of Owner/Contractor/Officer(s) of Corporation License # **Insulation Contractor Information** Insulation Contractor's Company Name & Address Telephone

() (<u>n</u>
Crossroads Fire Protection, Fre	919-207-3855
Sprinkler Contractor's Company Name	Telephone
509 S. Market Street Benson, NC 27504	design @ crossroadsfire net
Address	Email Address
The HA	16330 FS
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Information	
	252-523-3558
Triple - R Electric, Fric Fire Alarm Contractor's Company Name	252-523-3558 Telephone whouse of tripler. com
10 Box 6116 Conston, NC 28501	has all triples com
Address , o	Email Address
Billy Rend	13241-0
Signature of Officer(s) of Corporation	License #
Signature of Officer(s) of Corporation	Licerise #
<u>Driveway Access</u> - NC Department of Transportation Driveway Ac	ccess/Permit?Yes No
I hereby certify that I have the authority to make necessary application	
and that the construction will conform to the regulations in the Build	
Mechanical codes, and the Harnett County Zoning Ordinance. I state	
contractors is correct as known to me and if <u>any</u> changes occur includinumber of bedrooms, building and trade plans, Environmental Health po	
changes, I certify it is my responsibility to notify the Harnett County Ce	
any and all changes.	3 - 4
Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150	.00. After 2 years re-issue fee
is charged at full price per current fee schedule.	
Noute a CAR	
1 Mil 19.	7-9-18
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensation N	.C.G.S. 87-14
Affidavit for Worker's Compensation No. The undersigned applicant being the:	.C.G.S. 87-14
The undersigned applicant being the:	of the Contractor or Owner
The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work
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The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers them.	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them.
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The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' commune them. Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy of covering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is underston Department issuing the permit may require certificates of coverage of we to issuance of the permit and at any time during the permitted work from	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them. ' compensation insurance to cover of workers' compensation insurance ood that the Central Permitting orker's compensation insurance prior

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 883489

Filed on: 07/11/2018

Initially filed by: Bstrick89

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com)

Project Property

180 Wade Stewart Circle Buies Creek, NC 27506 North Carolina County

Property Type

Other

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Campbell University 143 Main Street Buies Creek, NC 27506 United States

Email: deason@campbell.edu Phone: 910-893-1610

Date of First Furnishing

07/13/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384